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6 **IN THE UNITED STATES BANKRUPTCY COURT**  
7 **FOR THE NORTHERN DISTRICT OF TEXAS**  
8 **FORT WORTH DIVISION**  
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11 **IN RE:**

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13 **Shabnam Qasim MD PA**  
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20 **DEBTOR**  
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**CASE NO. 18-43088-MXM-11**  
**Chapter 11**

26 **PATIENT CARE OMBUDSMAN'S FIRST QUALITY OF CARE**  
27 **REPORT**

28 COMES NOW, Greer A. Smith, MSN, RN, CMSRN, CCM, Patient Care  
29 Ombudsman ("PCO"), 1<sup>and</sup> pursuant to 11 U.S.C. 333, submits his  
30 first report.

31 <sup>1</sup> The Ombudsman was appointed in the above-captioned  
32 bankruptcy case on September 13, 2018

33 **PATIENT CARE OMBUDSMAN'S FIRST CLIENT CARE**  
34 **REPORT**

35 COMES NOW, Greer A. Smith, MSN, RN, CMSRN, CCM, Patient Care  
36 Ombudsman ("PCO"), 1<sup>and</sup> pursuant to 11 U.S.C. 333, submits his  
37 first report.  
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The Patient Care Ombudsman (“PCO”) was retained by the Court on September 13, 2018. Accordingly, the PCO was to file the 1<sup>st</sup> PCO report to the Court within 60 days from date of appointment, November 13, 2018.

This first report will focus on information obtained in interview with Dr. Shabnam Qasim, her office administrator at the time Adrian Nolley, direct observations and phone calls to past employees and current patients of the medical practice

#### **DESCRIPTION OF GREER A. SMITH, MSN, RN, CMSRN, CCM**

I have been in nursing since 1994; I began my nursing career as an LVN, (Licensed Vocational Nurse) in 1994. I have clinically practiced in nursing homes, acute care facilities and hospitals as an LVN. In 1995 I entered the BSN (Bachelor of Nursing) transition program at The University of Texas in Tyler. I obtained my BSN in 2001. I obtained my Master’s Degree in Nursing Leadership and Management in 2013. Since obtaining my LVN license in 1994, I have worked all major clinical areas of large university based and nonprofit based hospital chains as a bedside clinical nurse. I have worked for major pharmaceutical firm in research and served as RN consultant for an Independent Living Facility in Tyler, Texas. I completed an extensive education in Legal Nurse Consultant training program and was Certified Legal Nurse Consultant. I have performed consulting for both the plaintiff and defense providing legal nurse consulting for law firms in Texas, Arkansas, Louisiana, Oklahoma, and California since that time. I worked one full year as an in-house legal Nurse consultant for a large defense practice in Ft Worth, Texas. I continue to consult with the Smith County, Texas legal system since 2001 in geriatric abuse

65 and intervention cases. I have previously completed a PCO assignment with  
66 the Northern District of Texas and Eastern District of Texas. I am clinically  
67 certified as a Medical Surgical Nurse Clinician since 2013. I also hold  
68 certifications in Case Management. I am currently serving as a Clinical Educational  
69 Specialist with large local health care entity.

## 71 **DESCRIPTION OF FACILITY**

72 Dr. Shabnam Qasim's medical practice is located at 4819 River Oaks Blvd. in River  
73 Oaks, Texas, which is a part of Fort Worth, Texas. The medical practice is in an older  
74 strip shopping center, which is anchored by a variety of small store front businesses.  
75 The interior of the medical practice resembled that of a typical small medical practice,  
76 with sectioned off patient waiting area, and private entry to the medical exam rooms  
77 and offices. There was a check in desk separated by large window occupied by two  
78 receptionists when I made my visit. The exam rooms were well supplied with the  
79 equipment and supplies necessary to conduct normal medical office business. The  
80 rooms were clean and orderly. The patient bathroom was clean and orderly and  
81 stocked appropriately for medical practice. The signage was appropriate for a small  
82 medical practice.

83 Dr. Qasim's internet identification is still listed under the Privia Medical Group "We  
84 Care Clinic" heading, located at <http://www.wecareclinictx.com/>.

## 86 **OMBUDSMAN VISITS**

87 I visited Dr. Qasim's office on October 5, 2018, I was introduced to the employees  
88 by the office administrator at the time, Adrian Nolley and an explanation/purpose  
89 of my visit was provided to each employee and they were encouraged to be open  
90 and honest with all communication with me. I first visited with Adrian Nolley, she  
91 explained her job description and the office procedural processes that she was  
92 attempting to set into place for better patient care record keeping, management  
93 of patient prescription delivery and recording processes, attempting to make sure  
94 that Dr. Qasim was expedient in closing out her patient medical records in a

95 timely manner to provide the data to payors. Adrian discussed the turnover of  
96 staff and the recent loss of a Nurse Practitioner and Physician Assistant related  
97 to the current financial condition of Dr. Qasim's Practice. I then sat down with  
98 Dr. Qasim for approximately 45 minutes and listened to her explain what she  
99 thought was the reason for her having to file for Bankruptcy Protection. She  
100 discussed reimbursement levels from payor sources diminishing and more  
101 difficult to collect, staff expenses, general office expenses, and she discussed  
102 being monitored by The State of Texas Medical Board for an infraction related to  
103 narcotic prescriptions. Dr. Qasim advised me she had now referred her pain  
104 patients to certified pain management physicians around the area, however, when  
105 reviewing her narcotic prescription records, I did observe some narcotic pain  
106 medication prescriptions to about eight patients. I observed one patient that had  
107 two DEA controlled prescriptions written on the same day for same medication,  
108 on the second prescription was handwritten, "to be filled on---". I did cross check  
109 the narcotic prescriptions with drug screen labs for each patient on record, and  
110 those complied with requirements.

111 Dr. Qasim discussed with me her interaction and contract with Previa Medical  
112 Group, and that in her opinion they had not done as promised, being increase  
113 payor reimbursements, reduce her medical practice overhead and streamline the  
114 overall medical practice operations. She advised me that she had just stopped  
115 doing business with Previa, although some of her billings were still being  
116 processed by Previa. Dr. Qasim discussed her personal financial situation,  
117 raising her son, possibility of foreclosure on her home. Dr. Qasim advised me that  
118 her sister, whom is Certified Rheumatologist MD was going to join her in her  
119 practice, and the revenue stream should improve due to fact this is a specialty  
120 practice that typically will generate more income from her sister's participation.  
121 Dr. Qasim advised me that she just wanted to practice medicine and not have to  
122 be concerned with all the delicate issues involved dealing with payor sources.

**CLIENTS**

Dr. Qasim's office currently has about 105 current and active patients on her roster in which I was provided. In doing some phone calls to patients that had shown recent activity and appointments soon to occur, I compiled a frequent theme of concerns. I heard frequently that patients had great difficulty in getting in touch with Dr. Qasim's office. Complaints about phone call messages left on office recording machine never returned, issues such as refills not taken care of for weeks, and request for medical records not addressed. Patients advised me that they would see Dr. Qasim in her office, be given a prescription for an antibiotic for example, yet Dr. Qasim's office would not submit the prescription to their pharmacy.

**CLINICAL**

In the matter of medication prescriptions not being transmitted in a timely manner, this has moderate potential for patient harm. For example, if a patient is examined by Dr. Qasim and determined to have an infection, then the timely administration of appropriate antibiotic is vital to start the healing process, delay of a few days to a week of getting the antibiotic treatment initiated could cause the infection to worsen, with possible sepsis. In the matter of failure to communicate with her patients, Dr. Qasim is not in timely communication to talk to a patient that might be having some type of reaction or interaction with therapy treatment.

**CONCLUSION/CONCERNS**

My current concerns are derived from the interview with Dr. Shabnam Qasim, her past Administrator of her office Adrian Nolley, current patients, past employees and my personal observations and opinions from all above. I received a call on October 29, 2018 from Adrian Nolley, the past Office Administrator for Dr. Qasim's office to inform me that she had resigned

155 from that position on October 15, 2018. We discussed issues related to  
156 her deciding to resign and concerns she may have had with operation of  
157 Dr. Qasim's practice. Adrian advised me that frequently, Dr. Qasim would  
158 call the office at 7:45 am, when her first appointment was at 8:30 am, and  
159 notify staff she was not going to be in office that day. Adrian advised me  
160 that sometimes, this occurred two times per week, which would then upset  
161 staff and her patients, because they would have to reschedule or miss  
162 appointments. Adrian Nolley informed me, which was also knowledge  
163 gained in discussions with past employees, that the office staff had high  
164 turnover rate, and this was due to the way Dr. Qasim treated her  
165 employees, often talking down to them. Adrian informed me that Dr.  
166 Qasim had been switching from one office management system or  
167 administrator to others frequently. Adrian advised me that Dr. Qasim was  
168 very difficult to work with, and not open to advice or guidance from others  
169 trying to help her simplify her office operations and assist her to maximize  
170 her reimbursements. Adrian advised me that Dr. Qasim was not open to  
171 change or had the willingness to allow autonomy to others to do their job  
172 without Dr. Qasim interfering or changing valid processes.

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174 My recommendations are that Dr. Qasim employ an office administrator  
175 that has the education, knowledge, and proven skills to operate a medical  
176 practice efficiently and productively. That with this administrator, Dr.  
177 Qasim allow autonomy to perform her job without trying to interfere. I  
178 would recommend that Dr. Qasim be more open to change and accepting  
179 assistance from those that understand medical clinic operational and  
180 revenue generation the best. I recommend that Dr. Qasim immediately  
181 designate one employee to answer phone calls during office hours, and an  
182 employee to play back office phone recorder messages twice per day for  
183 vital messages. I recommend that Dr. Qasim designate one employee to  
184 make certain all medication prescriptions, medical records, and

correspondence is done in a safe and timely manner. I will continue to  
monitor this practice and pay special attention to the areas I have  
mentioned that cause me concern.

/s/Greer A. Smith

Greer A. Smith, MSN, RN, CMSRN, CCM

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PATIENT CARE OMBUDSMAN FOR US TRUSTEE/ COURT